

UNITED STATES DEPARTMENT OF THE INTERIOR  
MINERALS MANAGEMENT SERVICE  
GULF OF MEXICO REGION  
**ACCIDENT INVESTIGATION REPORT**

1. OCCURRED

DATE: **13-MAR-2008** TIME: **0715** HOURS

2. OPERATOR:

**Chevron U.S.A. Inc.**

REPRESENTATIVE: **Matthews, Justin**

TELEPHONE: **(337) 989-3435**

CONTRACTOR:

REPRESENTATIVE: **Bradley, Greg**

TELEPHONE: **(337) 837-8251**

3. OPERATOR/CONTRACTOR REPRESENTATIVE/SUPERVISOR  
ON SITE AT TIME OF INCIDENT:

4. LEASE: **G02318**

AREA: **EI** LATITUDE:

BLOCK: **339** LONGITUDE:

5. PLATFORM: **C**

RIG NAME:

6. ACTIVITY:

☐ EXPLORATION (POE)  
☒ DEVELOPMENT/PRODUCTION  
(DOCD/POD)

7. TYPE:

☐ HISTORIC INJURY

☒ REQUIRED EVACUATION 1  
☒ LTA (1-3 days) 1  
☐ LTA (>3 days)  
☐ RW/JT (1-3 days)  
☐ RW/JT (>3 days)  
☐ Other Injury

☐ FATALITY  
☐ POLLUTION  
☐ FIRE  
☐ EXPLOSION

LWC ☐ HISTORIC BLOWOUT  
☐ UNDERGROUND  
☐ SURFACE  
☐ DEVERTER  
☐ SURFACE EQUIPMENT FAILURE OR PROCEDURES

COLLISION ☐ HISTORIC ☐ >\$25K ☐ <=\$25K

☐ STRUCTURAL DAMAGE  
☒ CRANE  
☐ OTHER LIFTING DEVICE  
☐ DAMAGED/DISABLED SAFETY SYS.  
☐ INCIDENT >\$25K  
☐ H2S/15MIN./20PPM  
☐ REQUIRED MUSTER  
☐ SHUTDOWN FROM GAS RELEASE  
☐ OTHER

6. OPERATION:

☐ PRODUCTION  
☐ DRILLING  
☒ WORKOVER  
☐ COMPLETION  
☐ HELICOPTER  
☐ MOTOR VESSEL  
☐ PIPELINE SEGMENT NO.  
☐ OTHER

8. CAUSE:

☐ EQUIPMENT FAILURE  
☒ HUMAN ERROR  
☐ EXTERNAL DAMAGE  
☐ SLIP/TRIP/FALL  
☐ WEATHER RELATED  
☐ LEAK  
☐ UPSET H2O TREATING  
☐ OVERBOARD DRILLING FLUID  
☐ OTHER \_\_\_\_\_

9. WATER DEPTH: **268** FT.

10. DISTANCE FROM SHORE: **83** MI.

11. WIND DIRECTION: **NE**  
SPEED: **10** M.P.H.

12. CURRENT DIRECTION: **NE**  
SPEED: **10** M.P.H.

13. SEA STATE: **4** FT.

17. DESCRIBE IN SEQUENCE HOW ACCIDENT HAPPENED:

While utilizing the platform crane, a third party contractor improperly attached a two-part sling to a wireline lubricator in preparation for lifting a lubricator on well C-13 . Contract Employee No.1 attached the lubricator sling D-ring to the fast line hook of the crane. Contract Employee No. 2 began to assist Employee No.1 with the rigging operations in preparation for making the lift. For unknown reasons a safety pin was inserted into the latch of the hook preventing the latch from opening allowing the D-ring to remain only on the tip of the crane hook. Employee No.1 placed the D-ring on the tip of the hook with the safety pin installed and both hand and verbal signals were used to notify the crane operator he was clear to proceed with the lift. Employee No.1 assisted in guiding the wireline lubricator while it was being lifted by the crane. Once the wireline lubricator reached the vertical position, approximately two to three feet above the deck, the the D-ring slipped off the crane hook. The lubricator fell to the platform deck, striking Employee No.1 on the back while he was trying to escape. Employee No. 1 sustained serious injuries including lacerations to the back of his head, injury to his left leg and pain to his upper back. A first responder was dispatched to the facility to access the injuries to Employee No.1 while accompanying him to the Lafayette General Hospital for treatment.

18. LIST THE PROBABLE CAUSE(S) OF ACCIDENT:

The probable cause of this incident is that the lessee and personnel engaged in the lifting operation failed to follow and adhere to safe rigging practices by removing the safety pin from the hook latch. Also, the lessee used careless practices and demonstrated complacency as apparent by ignoring signs of an unsafe condition by the improperly installed sling D-ring on the hook prior to making the lift.

19. LIST THE CONTRIBUTING CAUSE(S) OF ACCIDENT:

While in the process of rigging the lubricator, personnel directly involved with the lift failed to ensure that the load was properly secured prior to conducting the lifting operation. In addition, other personnel observing the lift failed to recognize the hazard which could have prevented this occurrence.

20. LIST THE ADDITIONAL INFORMATION:



21. PROPERTY DAMAGED:

**No property damage**

NATURE OF DAMAGE:

**No property damage**

ESTIMATED AMOUNT (TOTAL):

**\$**

22. RECOMMENDATIONS TO PREVENT RECURRENCE NARRATIVE:

**The MMS Lafayette District makes no recommendations to the MMS Regional Office of Safety Management (OSM).**

23. POSSIBLE OCS VIOLATIONS RELATED TO ACCIDENT: **YES**

24. SPECIFY VIOLATIONS DIRECTLY OR INDIRECTLY CONTRIBUTING. NARRATIVE:

**A G-110, Incident of Noncompliance was issued as an "After the Fact INC" to document that Chevron U.S.A. Inc. failed to protect health, safety and the environment by not performing operations in a safe and workmanlike manner as follows: Chevron U.S.A. Inc. failed to properly supervise crane lifting operations to prevent injury to personnel. The evidence provided by the onsite investigation clearly indicated that the lifting operations were not performed in a safe manner.**

25. DATE OF ONSITE INVESTIGATION:

**13-MAR-2008**

26. ONSITE TEAM MEMBERS:

**Johnny Serrette / Jason A. Abshire  
/ Tom Basey /**

29. ACCIDENT INVESTIGATION

PANEL FORMED: **NO**

OCS REPORT:

30. DISTRICT SUPERVISOR:

**Elliott S. Smith**

APPROVED

DATE: **29-MAY-2008**

# INJURY/FATALITY/WITNESS ATTACHMENT

☐ OPERATOR REPRESENTATIVE

☐ INJURY

☐ CONTRACTOR REPRESENTATIVE

☐ FATALITY

☒ OTHER Unit Supervisor

☒ WITNESS

NAME:

HOME ADDRESS:

CITY:

STATE:

WORK PHONE:

TOTAL OFFSHORE EXPERIENCE:

YEARS

EMPLOYED BY:

BUSINESS ADDRESS:

CITY:

STATE:

ZIP CODE:

☐ OPERATOR REPRESENTATIVE

☐ INJURY

☐ CONTRACTOR REPRESENTATIVE

☐ FATALITY

☒ OTHER Coil Tubing Services

☒ WITNESS

NAME:

HOME ADDRESS:

CITY:

STATE:

WORK PHONE:

TOTAL OFFSHORE EXPERIENCE:

YEARS

EMPLOYED BY:

BUSINESS ADDRESS:

CITY:

STATE:

ZIP CODE:

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☐ INJURY

☐ CONTRACTOR REPRESENTATIVE

☐ FATALITY

☒ OTHER Operator

☒ WITNESS

NAME:

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CITY:

STATE:

WORK PHONE:

TOTAL OFFSHORE EXPERIENCE:

YEARS

EMPLOYED BY:

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